

HAND  
DELIVERED

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**UNITED STATES HOUSE OF REPRESENTATIVES**  
**2018 FINANCIAL DISCLOSURE STATEMENT**

Form A  
LEGISLATIVE RESOURCE CENTER  
U.S. HOUSE OF REPRESENTATIVES  
2019 MY 15 AM Office Use Only)

Name: Dan Bongino Daytime Telephone: 202-225-8641

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>California</u>	Officer or Employee	Staff Filer Type: (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
REPORT TYPE	<input checked="" type="checkbox"/> 2018 Annual (Due: May 15, 2019)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____

**PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS**

- A. Did you, your spouse, or your dependent child:
- a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period?  Yes  No
  - b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?  Yes  No
  - c. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?  Yes  No
  - d. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?  Yes  No
  - e. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?  Yes  No
  - f. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?  Yes  No
  - g. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?  Yes  No
  - h. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?  Yes  No
  - i. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?  Yes  No
- ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"**

**IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS**

**IPO** – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.

**TRUSTS** – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

**EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

**Yes**  **No**

**Yes**  **No**

**Yes**  **No**

# SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Jana Georges Eshos

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<b>BLOCK A</b>											
<b>Assets and/or Income Sources</b>											
<p>Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in “unearned” income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use only ticker symbols).</p>											
<b>BLOCK B</b>											
<b>Value of Asset</b>											
<p>For all <b>IRAs</b> and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.</p> <p>For bank and other cash accounts, total the amount in all interest-bearing accounts if the total is over \$5,000, list every financial institution where there is more than \$5,000 in interest-bearing accounts.</p> <p>For rental and other real property held for investment, provide a complete address or description, e.g., “Rental property,” and a city and state.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p><b>Exclude:</b> Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>If you report a privately-titled fund that is an Accepted Investment Fund, please check the “EIF” box.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP), or dependent child (DC); or jointly held with anyone (JT), in the optional column on the far left.</p> <p>For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.</p>											
<b>BLOCK C</b>											
<b>Type of Income</b>											
<p>Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the “Tax-Deferred” category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check “None” if no income was earned or generated in which you have no interest.</p>											
<b>BLOCK D</b>											
<b>Amount of Income</b>											
<p>For assets for which you checked “Tax-Deferred” in Block C, you may check the “None” column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check “None” if no income was earned or generated in which you have no interest.</p>											
<b>BLOCK E</b>											
<b>Transaction</b>											
<p>In the reporting period, if only a portion of an asset was sold, please indicate as follows: (S) part, (P) purchases, (I) sales, (S), or (E) exchanges. If an asset had no transactions that exceeded \$1,000, leave this column blank if there are no transactions that exceeded \$1,000.</p>											
<b>SP, DC, JT</b>	<b>SP Mega Corp. Stock</b>	<b>EIF</b>	None								
			<b>Examples:</b>	\$1-\$1,000							
<b>ABC Hedge Fund</b>	\$1,001-\$15,000										
	\$15,001-\$50,000										
<b>Fidelity Investments</b>	<b>Mutual Funds</b>		\$50,001-\$100,000								
			\$100,001-\$250,000								
<b>Fidelity Tax Free Bonds</b>	<b>Fidelity Crescent Fund</b>		\$250,001-\$500,000								
			\$500,001-\$1,000,000								
<b>First Bank Global Class I</b>	<b>Oakmark Equity + Income</b>		\$1,000,001-\$5,000,000								
			\$5,000,001-\$50,000,000								
Over \$50,000,000											
Spouse/DC Asset over \$1,000,000*											
NONE											
DIVIDENDS											
RENT											
INTEREST											
CAPITAL GAINS											
EXCEPTED/BLIND TRUST											
TAX-DEFERRED											
Other Type of Income (Specify, e.g., Partnership Income or Farm Income)											
<p>In the reporting period, if only a portion of an asset was sold, please indicate as follows: (S) part, (P) purchases, (I) sales, (S), or (E) exchanges. If an asset had no transactions that exceeded \$1,000, leave this column blank if there are no transactions that exceeded \$1,000.</p>											
<b>SP, DC, JT</b>	<b>Royalties</b>		None								
			<b>Partnership Income</b>	\$1-\$200							
\$201-\$1,000											
\$1,001-\$2,500											
\$2,501-\$5,000											
\$5,001-\$15,000											
\$15,001-\$50,000											
\$50,001-\$100,000											
\$100,001-\$1,000,000											
\$1,000,001-\$5,000,000											
Over \$5,000,000											
Spouse/DC Asset with Income over \$1,000,000*											
P, S, S(part), or E											

## **SCHEDULE A – ASSETS & “UNEARNED INCOME”**

Name:

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**Use additional sheets if more space is required.**

**SCHEDULE C – EARNED INCOME**

Name: MA Geddes Scher

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**List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.**

**EXCLUDE:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

**EXCLUDE:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

**INCOME LIMITS and PROHIBITED INCOME:** The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

Source (include date of receipt for honoraria)	Type	Amount
Keene State	Approved Teaching Fee	\$5,000
State of Maryland	Legislative Pension	\$18,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$1,000
Ontario County Board of Education	N/A	
County of San Mateo, California	Legislative Pension (San Mateo County Board of Supervisors)	\$13,716.63 (gross)

## SCHEDULE D – LIABILITIES

Name: And Georges Zins Page 5 of 7

**Report** liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. **Mark the highest amount owed during the reporting period.** **Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a **revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000.

**\*Column K is for liabilities held solely by your spouse or dependent child**

Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability							
			A	B	C	D	E	F	G	H
First Bank of Wilmington, DE	5/16	Mortgage on Rental Property, Dover, DE	\$10,001-\$15,000							
Wells Fargo Bank Los Angeles, California	March 2002	Mortgage on Residence (Personal - Not Rental Washington, D.C.)	\$15,001-\$50,000							
			\$50,001-\$100,000							
			X							
			\$100,001-\$250,000							
			\$250,001-\$500,000							
			\$500,001-\$1,000,000							
			\$1,000,001-\$5,000,000							
			\$5,000,001-\$25,000,000							
			\$25,000,001-\$50,000,000							
			Over \$50,000,000							
			Over \$1,000,000* (Spouse/DC Liability)							

## SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. <b>Exclude:</b> Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.	Position	Name of Organization
	<u>Nope</u>	

**Use additional sheets if more space is required.**

## SCHEDULE F – AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Name: Andrea Georges Page 6 of 7.

**SCHEDULE G – GIFTS**

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. **Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

**Use additional sheets if more space is required.**

## SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

Name:

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

**EXCLUDE:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 3342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

**EXCLUDE:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
Government of China (MECEA) Habitat for Humanity (charity fundraiser)	Aug. 6-11 Mar. 3-4	DC-Beijing China-DC DC-Boston-DC	Y Y	Y Y	N Y
Pediatric Workers Working Group (DWWG)	22 June 2018 23 June 2018	Washington, DC-McAllen, Texas Brownsville, Texas - San Francisco, California	Y	Y	N

**Use additional sheets if more space is required.**